
THE FAMILY PRACTICE PRECEPTORSHIP: ETHICAL CONCERNS*

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THE Flexner Report's 1910 impact on medical education was widespread, drastic, and generally salutary. Many medical colleges which in essence were only trade schools closed, and preceptorial medical teaching fell into general disregard and disuse. The overall result was a great strengthening of medical teaching institutions, particularly during the two decades following World War II, and enormous burgeoning of medical and related scientific knowledge. Unfortunately, the impact of these advances in medical education has not always had a clearly comparable impact on all of the people, and, indeed, during recent years public disenchantment with medical care delivery has become widespread. Students, and subsequently medical institutions, have recently renewed interest in family practice and in a new "specialty" called primary care, which in essence consists of efforts by internal medicine and pediatrics to keep family practice from running away with primary health-care delivery.

One result of the resurgence of interest in health-care delivery has been the development of departments of family practice at more than two thirds of American medical schools. Each conducts not only an undergraduate medical program but a strong residency in family practice. Many medical-school-related and other community hospitals have also developed family practice residencies and they have proved to be among the most popular programs offered to our graduates.

One pedagogical method used to train both undergraduate and graduate participants in family practice programs has been the preceptorship. This can involve time in the family practice center of a family practice department, in a family physician's office, or in the office of a group practice. Time may be spent in a fractionated fashion, such as one afternoon a week

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over a period of time or in a more concentrated way, such as a month or more with a family physician. At the undergraduate and resident level, preceptorship programs are the ultimate responsibility of the director of the family practice department, and evaluation of both students and preceptor must be ongoing.

Some organizations, such as the New York State Academy of Family Physicians, offer family practice preceptorships to students who have finished the second or third year of medical school. The New York State program states as its main purposes:

- 1) To give insight into a medical way of life of a primary care physician in private practice in a community, and to demonstrate what family practice is like, the scope of the physician's work, and the problems encountered.
- 2) To provide medical knowledge and experience in primary health care, as conducted in a private physician's office.
- 3) To provide a period away from the medical school during which time students can develop mature ideas concerning their own values and goals, and begin to develop direction for their own choice of a medical career.

Organizers of this program were clearly concerned about ethical values and patients' rights, and clearly stated that, while the preceptor should treat the student as a colleague, the patients must be informed that the preceptee is a "student doctor" and the student should not be permitted to practice medicine except under the supervision of the preceptor. A student's notes, recommendations, and orders must be checked and countersigned by the preceptor. Students are not permitted to accept payment for any service rendered. Students are allowed to have responsibility for patients, depending on their level in medical school, and their individual abilities are judged both by the director of their programs and the preceptor involved. The student who has finished the second year, for instance, may be able to elicit histories and perform physical examinations with close supervision, but also would benefit from observing the preceptor doing the same. By the end of the third year, medical sophistication may be better developed and their background such as to encourage them to go to the library to read about the medical problems presented by their patients and to develop a concept of continuing education programs. House calls are encouraged, but only under the supervision of a preceptor. In every instance the patient's wishes must be respected should he demur at medical-student participation in his medical-care program.

The American Medical Student Association Foundation has developed a six-to-nine-week primary care preceptorship program for medical students

to encourage them to serve in areas defined by the National Health Service Corps as medically undermanned. This preceptorship serves not only to familiarize the student with problems involved in primary health care, but to encourage him to participate in the National Health Service Corps program. Here again it is emphasized that, while the student may undertake a certain amount of responsibility for patient care, this is only to be done under supervision and direct control by a preceptor.

At the Downstate Medical Center preceptorships are established at several levels. One of the most popular has been the team health care delivered in a special family practice area one afternoon a week throughout a student's four years at medical school. Ten to 16 students are more or less arbitrarily selected from each year's freshman class of more than 100 (or 50% of the class) who apply and these students stay with the program throughout their medical school career, gradually increasing their knowledge and responsibilities within the health-care delivery team. Each team consists of a first, second, third, and fourth-year student, a faculty family physician, and a senior undergraduate student social worker. The patient load of each team has been established so that not more than four patients or families are seen in any week by any team. Circulating specialists in internal medicine, pediatrics, psychiatry, and obstetrics and gynecology are available during team meetings for immediate consultation and advice. Great care is taken that patients are fully aware that they will be seen by a medical student, but that all of their medical care and advice will be under the direct supervision of the family physician in charge of the team. During the first year the student generally brings with him little more than enthusiasm. For the first several months the first-year student is an observer, slowly learning basic techniques of history and physical examination. He learns these both from students senior to him, who are part of his team, and from the physician preceptor. Techniques of interviewing are aided by the social worker. As medical knowledge and sophistication develop, he is given the opportunity to participate in the basic elements of history taking, physical examination, and family dynamics, but clearly is neither expected nor allowed to make medical judgments, which can come after proper didactic experience. The family physician preceptors are only trained to develop each student's potentialities, according to individual capabilities and level of training. No medical decisions, however trivial, are made by a student alone without the advice and consent of the preceptor. All elements of history, physical examination, and anything else

connected with patient care are checked by the preceptor. The on-call system is such that senior medical students may field questions but always will consult by telephone or otherwise with their preceptor. Since this program has been in existence, no medical care problems related to medical students involved in health-care delivery have been reported. Obviously, patients must acquiesce in the system, and in that sense the patients and their families are preselected.

A preceptorship has also been developed as a one or two-month fourth-year student elective. During this time they are assigned either to the family practice center which is the residents' training center, separate from the student model, or more often to a practicing family physician visited and selected by the Downstate faculty and often a member of the faculty. During this time the student is expected to "live the life" of the physician, often living with him in his house. This is very useful for students who want to know whether the life of the family doctor is one they would choose for the rest of their lives, and is useful for urban students who want to learn about the suburban or rural experience.

Evaluation forms have been developed both for the physicians to evaluate the student and for the student to evaluate the physicians. These evaluation forms are carefully reviewed by our psychologist evaluator, who then has individual conferences with the students. Once again preceptors are instructed to refer to students as students, not as doctors, and any patient who does not want to be seen by the student can refuse. The third form of preceptorship is that which occurs usually during the last (third) year of a family practice residency, when a graduate is almost ready to set up practice. These graduates are, of course, almost completely trained physicians. They once again work only under supervision, but clearly can be allowed more independence. Many have had "moonlighting" experience, usually in an emergency room, and, while they continue to be supervised, the preceptor can allow them individual medical judgments. The preceptorial method has proved so far to be effective and ethical pedagogy. Indeed, a carefully controlled study has shown that first- and second-year students working as preceptees in the family practice model exceeded their colleagues in all measurable criteria during the third year. No problems have come up concerning student-patient relations and, as long as supervision remains close and effective, the preceptorial technique should be more generally used, particularly for students interested in a career of family practice and primary care.

Appendix***STUDENT'S EXPERIENCE REPORT FORM***

Dear Student:

At the completion of this elective, please complete and return this form to:

Dr. C. M. Plotz,
Box 51,
Department of Family Practice

PRECEPTOR PROGRAM IN FAMILY PRACTICE

Student:

Preceptor:

Dates-of elective:

-
- | | |
|--|-------|
| 1. Estimated hours per week you spent: | Hours |
| a) in office practice | _____ |
| b) on house calls | _____ |
| c) on hospital rounds | _____ |
| d) other (list) | _____ |
2. Please give your opinion on the family physician's practice, noting any particular strengths or weaknesses (i.e., you might consider attitude towards patients and their problems; completeness and relevance of history and physical examination; economic practices).
3. Outline reasons why you think this has or has not been a worthwhile experience.

Student's signature

Class of 19

Date:

Dear Dr. _____ :

Thank you for participating in our preceptor program of electives in Family Practice.

The following students will be assigned to you for one month to work with you in your practice, go with you to see your patients in the hospital, and make house calls with you. Please note that medical students in this elective are required to work in Downstate family practice clinic every Wednesday afternoon from 1–5 PM, if they are in the metropolitan area.

Student

Date

We would like you to evaluate each student's performance in the management (history, physical examination, diagnostic procedures, treatment, and plan for long-term follow-up) of four patients with the following problems:

1. an elderly diabetic patient
2. a patient with urinary-tract disease
3. an infant (any problem)
4. a patient with arteriosclerotic heart disease

In addition, we would like the student to prepare what would be in essence a hospital chart of a patient under your care whom you hospitalized because of either a myocardial infarction or because of a bleeding peptic ulcer. This chart should be evaluated by you and forwarded to us.

As you may know, all elective medical students are required to submit comments on their experience during their elective time both within and without this institution. Your students will be asked to do the same.

We know the time and effort involved in this program, and sincerely appreciate your cooperation.

Sincerely,

CMP/gaw

Charles M. Plotz, M.D., Med. Sc.D.
Chairman, Department of Family Practice

STUDENT PERFORMANCE FORM

Please return this form to:

Dr. C.M. Plotz, Chairman
Box 51, Department of Family Practice
450 Clarkson Avenue
Brooklyn, New York 11203

Student _____

Preceptor _____

Dates _____

1. *Management of elderly diabetic patient*

Please comment on the student's performance in:

- a. history taking
- b. physical examination
- c. diagnosis (diagnostic plan)
- d. plan for treatment
- e. plan for long-term management

STUDENT PERFORMANCE FORM

2. *Management of a patient with urinary tract disease*

Please comment on the student's performance in:

- a. history taking
- b. physical examination
- c. diagnosis (diagnostic plan)
- d. plan for treatment
- e. plan for long-term management

STUDENT PERFORMANCE FORM**3. *Management of an infant (any problem)***

Please comment on the student's performance in:

- a. history taking
- b. physical examination
- c. diagnosis (diagnostic plan)
- d. plan for treatment
- e. plan for long-term management

STUDENT PERFORMANCE FORM**4. *Management of a patient with arteriosclerotic heart disease***

Please comment on the student's performance in:

- a. history taking
- b. physical examination
- c. diagnosis (diagnostic plan)
- d. plan for treatment
- e. plan for long-term management

Comments on student's overall performance (weaknesses and/or strengths):

Signature of Preceptor